



**STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE AND MARKETS
10B AIRLINE DRIVE
ALBANY, NEW YORK 12235**

**FSI – LICENSING UNIT
PHONE: 518-485-5326**

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize The NYS Department of Agriculture and Markets to make a one time debit to your credit card listed below. Please mail to the above address.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____, authorize the NYS Department of Agriculture and Markets to charge my credit card account indicated below for **\$250.00**. This payment is for a:

**RETAIL FOOD STORE LICENSE
LICENSE TYPE 1129**

Billing Address _____ Phone# _____
 City _____ State _____ Zip _____
 Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	FOR OFFICE USE ONLY
Cardholder Name _____	Estab No.: _____
Account Number _____	License No.: _____
Expiration Date _____	Receipt No. _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____	Validation No. _____

SIGNATURE _____ **DATE** _____

I authorize the NYS Department of Agriculture and Markets to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for a Retail Food Store License, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.